

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	XX	69801	6/27
O.I.P.E. CLASSIFIER		48	2/5/00
FORMALITY REVIEW	T.A	5C844	08-11-00
RESPONSE FORMALITY REVIEW	H	60105	3-7-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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